

# **PROGRESS REPORT**

## **BEHAVIORAL HEALTH REFORM: THE DEVELOPMENT OF COMMUNITY-BASED SERVICES**

**FOR THE MONTH OF APRIL 2005**

### **REGION 1**

Interviews are currently being held for the Crisis Respite Supervisor. Interviews for the Administrative Assistant will take place soon. Once the Supervisor is hired, we will begin hiring technicians. Plans for training and orientation are underway, and will begin once the staff is hired.

### **REGION 2**

The Emergency Support Program met with each committed client and completed a strength-based assessment. Ten assessments have been completed and the resulting plans are being implemented.

### **REGION 3**

Catholic Charities has not signed a contract to provide Dual Disorder Residential services. They have concerns regarding the cost model and the service definition specifically around nursing staff and the fact that the service is deemed dual capable and not dual enhanced. Catholic Charities has elected to meet with Division of Behavioral Health Services leadership to further discuss their concerns and will report to us the outcome of the meeting.

A total of 22 strengths-based assessments have been completed with 6 participants transitioning to the community. One has gone home to family, 2 have been transitioned to halfway house services, 1 to home with emergency community support, 1 to assisted living with emergency community support, and one to home with ACT and outpatient services.

A system barrier is that of guardianship through the state process. Currently HHHS legal is taking up to 6 months to process guardianship making it impossible to transition the consumer to community services until the guardianship process is completed.

### **REGION 4**

Behavioral Health Specialists will be the provider of Crisis Response Team in Norfolk with an expected operational date of 5/1/05. BHS met with Lee Tyson, Region 1 4/26/05. BHS is in the process of training staff, law enforcement and providing information to key stakeholders.

Heartland Counseling has served four to five people in Emergency Community Support. Next steps include more education with law enforcement, and county attorney relating to service. Heartland anticipates referrals will build over the next two months.

A total of thirty-seven individuals served in community support mental health and 31 in community support substance abuse in March.

## **REGION 5**

The Team Leader and Psychiatrist have been hired and will participate in a national ACT training in May. A mental health worker started with the program in March and a nurse started in April. Staff met with the Omaha ACT team as part of the training process.

The mental health worker will start serving on the Strengths-Based Assessment Teams in conjunction with other community providers and Regional Center staff as an initial step in identifying those consumers at the Regional Centers that may be appropriately transitioned to the ACT team when it becomes operational. The identified goal for initial consumer enrollment is June 2005.

The Region 5 Transition Team completed nine assessments during the month of April at the Lincoln Regional Center and one at the Hastings Regional Center. Region 5 continues to refine the assessment process and will be surveying consumers and Regional Center staff to monitor the fidelity of the process.

## **REGION 6**

This program has completed 53 total assessments. Some individuals have been assessed and admitted to other community based services or have been unable to be diverted from a Regional Center admission. Sixteen (16) individuals were seen this month. A total of nineteen (19) individuals have been served.

With the focus of this program being in diversion of individuals from acute hospitalization and Regional Center, during this reporting month, the program was unable to divert 4 individuals from a Regional Center setting due to an inability to establish community services prior to an individual transitioning to the Regional Center. This is in part due to the short wait period for an individual transitioning to a Regional Center setting and in part due to a need for residential services within the community.

The contract with Telecare for Subacute Inpatient has been signed and is awaiting approval by the state. Region 6 is finalizing the program plan with Telecare and ensuring the Telecare meeting NBHS and Medicaid service definitions for Subacute Inpatient care.